CHILDREN AND FAMILIES INITIATIVE

Two years ago, we jointly initiated a statewide discussion about the future of families and our children. Throughout the House Bill 33 process, thousands of people from across the state, including those in schools, courts, the faith community, businesses and nonprofits, participated. Three of their recommendations are before us this session: quality childcare and early childhood education; expansion of the school-based healthy living, healthy learning effort; and problem-solving courts.

I support all three of these recommendations. I will concentrate my remarks on the "quality childcare and early childhood education" recommendation for two reasons. First, it is the top priority recommendation from the study process. Second, it seems to be the program that has caused some legislative concern. As you know, this is a concentrated effort to improve the quality and availability of childcare and early childhood education in Wyoming. It is not inexpensive, with a price tag of approximately \$14 million this biennium, growing to more than \$20 million a year in the future.

This proposal enjoys wide support from parents, grandparents and childcare providers because of their daily experience with a Wyoming childcare environment which is stretched too thin, under-funded and in some places, non-existent.

It is also supported by educators, healthcare providers, mental health professionals and social workers, who have long argued the importance of quality early-childhood programs as the key to future success in school and good health. Employers struggling to find workers also know full well the importance of high quality, reliable childcare. The State Loan and Investment Board enthusiastically endorsed a childcare project, sponsored by local businessmen in Riverton.

If you consider the voices of corrections, social workers, and government budget personnel, we quickly understand why \$1 spent on early child efforts saves \$7 in future government expenditures.

There is agreement that a problem exists and it must be addressed. The question remains whether this is the right approach. I have two responses. First, this proposal is based on two years of work by citizens, legislative committees, and professionals in the field. We should have faith in their expertise and judgment. Second, I have not seen an alternative suggestion.

For those who want a guarantee that this will work, I say there are no guarantees, except that if we do nothing, our grandchildren will live in a society of neglected children and struggling families. For me, that is simply not acceptable.

HEALTHCARE

With guidance from the Health Care Commission and the commitment of this body, we have already taken small but important steps. We've expanded training for doctors and nurses by supporting educational loans and increasing our medical training opportunities. There are impressive results from our WWAMI medical training program, where nearly half of our first class of Wyoming physicians now practices here in Wyoming communities

Patient safety and quality care initiatives are also being emphasized and phased in through programs like the hospital safety reporting programs authorized by this body last year. We have initiated a project to develop an integrated database of claims and payment data for clients served through state-funded programs such as Medicaid, Workers Compensation, and the state employee insurance program. Our expectation is that this information can be used to help reduce costs and enhance efficiencies.

HEALTHCARE COMMISSION

Finally, I ask you to support the important work being done by the Health Care Commission and approve its reauthorization. We need its analysis, research and study to help us identify new areas to improve the affordability and accessibility of quality healthcare. One such area may be telemedicine, particularly in the mental health and psychiatry area. Also, a medical liability premium assistance plan being discussed in this session can greatly improve Wyoming's competitiveness with surrounding states in recruiting physicians.

We all remain frustrated with the slow progress of the nation and this state in solving this most difficult and painful problem. But frustration must not lead to hasty actions or abandonment of our efforts. Again, let us agree to work together, knowing that our state cannot enjoy economic success unless we can provide quality, affordable healthcare to our citizens.

SUBSTANCE ABUSE

On the issue of substance abuse initiatives, I would like to thank the first lady for tackling one of our state's most important public health issues: childhood drinking. She has taken a personal and passionate interest in the issue, empowering local community efforts and being a supportive voice for parents.

Studies tell us that alcohol abuse is a gateway to hard drug use, particularly methamphetamines. Thus, we can more effectively address meth problems by redoubling our attention to teenage and pre-teen alcohol abuse and recognizing the need for new approaches to drug treatment and recovery.

Today's meth scourge isn't like past drug problems. This is a drug that has more lasting impacts on the body. People need more time in treatment to recover. The drug is easy to manufacture and readily available.

Casper and Cheyenne have embraced "Meth-Free" initiatives that are not dependent on state mandates. Rather, the opposite is true. Many of the suggestions coming from these community initiatives are worthy of state attention, such as advocating drug testing in businesses and building a "fast track" to treatment for people who admit they have a problem. State efforts should support community activism. I suspect grass roots solutions will be more productive and closer to the people than "gold dome" answers.

The director of the Department of Health and the new administrator of the Division of Substance Abuse have rolled up their sleeves and are ready to work with the Legislature to address the methamphetamine problem and the issues raised in the recent legislative audit.